

Docket: 71351

DAC 7/18/05  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Turner et al.

Serial No.: 10/808,070

Filed: March 24, 2004

For: AMORPHOUS COPOLYESTERS



Group Art Unit: 1711

Examiner: Samuel A. Acquah

Attention: Office of Petitions  
Mail Stop Petition  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PETITION TO ACCEPT AN UNINTENTIONALLY DELAYED CLAIM FOR PRIORITY  
UNDER 37 CFR 1.78(a)(3)

Applicant hereby petitions the Commissioner to accept a delayed claim for priority for the subject application. Enclosed herewith is an amendment to the specification with the proper reference to the earlier filed application as required by 35 U.S.C. §120. The entire delay between the date the claim for priority was due under under CFR 1.78(a)(2)(ii) and the date the claim was filed was unintentional.

The Commissioner also is authorized to charge the fee of \$1370 required for this petition to Deposit Account No. 05-0221.

01/27/2005 MBERNE 00000027 050221 10808070  
01 FC:1454 1370.00 DA

Eastman Chemical Company  
P.O. Box 511  
Kingsport, Tennessee 37662  
Phone: (423) 229-6427  
FAX: (423) 229-1239

Respectfully submitted,

*Eric D. Middlemas*  
Eric D. Middlemas

Registration No. 53,325

*January 18, 2005*  
Date

CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

I hereby certify that this paper (along with any paper(s) referred to as being attached or enclosed) is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450

*Cathy L. Adkins*  
Cathy L. Adkins

*1/18/05*  
Date

- 1 -

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Adjustment dates: 04/20/2005 AXELLEY  
01/27/2005 MBERNE 00000027 050221 10808070  
01 FC:1454 1370.00 CR

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

1 Date of Request: 3/25/05 2 Serial/Patent # 10/808,070

| 3 Please refund the following fee(s): |                                   | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT |
|---------------------------------------|-----------------------------------|----------------|--------------|----------|
| <input type="checkbox"/>              | Filing                            |                |              | \$       |
| <input type="checkbox"/>              | Amendment                         |                |              | \$       |
| <input type="checkbox"/>              | Extension of Time                 |                |              | \$       |
| <input type="checkbox"/>              | Notice of Appeal/Appeal           |                |              | \$       |
| <input checked="" type="checkbox"/>   | Petition                          |                | 1/24/05      | \$ 1370  |
| <input type="checkbox"/>              | Issue                             |                |              | \$       |
| <input type="checkbox"/>              | Cert of Correction/Terminal Disc. |                |              | \$       |
| <input type="checkbox"/>              | Maintenance                       |                |              | \$       |
| <input type="checkbox"/>              | Assignment                        |                |              | \$       |
| <input type="checkbox"/>              | Other                             |                |              | \$       |

7 TOTAL AMOUNT OF REFUND \$1370

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 

|   |   |    |   |   |   |   |
|---|---|----|---|---|---|---|
| 0 | 5 | -- | 0 | 2 | 2 | 1 |
|---|---|----|---|---|---|---|

10 REASON:

☐ Overpayment

☐ Duplicate Payment

☒ No Fee Due (Explanation):

*pet 1.78 dismissed as moot.*

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: WAN LAYMAN

TITLE: pet. exam

SIGNATURE: Wan Layman

PHONE: \_\_\_\_\_

OFFICE: \_\_\_\_\_

\*\*\*\*\* THIS SPACE RESERVED FOR FINANCE USE ONLY: \*\*\*\*\*

APPROVED: Alana Kelle

DATE: 4/20/05

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**